		& MEDICAID SERVICES	· •	OMB NO, 0938-0391
AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENCIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION CONTRUCTION (C) DATE SURVEY
		09G114	B. WING	ATHEMAS TRANSTER
MAME OF F	PROVIDER OR SUPPLIER		200	ET ADDRESS, CITY, STATE ZIP SOUR 52 IZ NORTHAND TONOT, NW ASHINGTON, DC 20015
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W 000	INITIAL COMMENT	TS .	W 000	
W 104	November 26, 2007 The survey was init survey process; how practice in the Condithe survey process sample of two clien resident population disabilities. An additional focus to determine the necessary adapting were based home and two day polients, residential, administrative staff, review of unusual in The facility was defined and two day polients. The facility was defined and two days administrative staff. The facility was defined and two days are participation in Gov Services.		W 104	W104
	The governing body budget, and operation	must exercise general policy, ng direction over the facility.		The governing body of MTS has taken the steps necessary to address the immediate concerns outlined in this survey and the systemic issues raised by the survey deficiencies as evidenced by the corrective actions outlined throughout this response document1-2-07.
W 120	review, the facility's provide general ope facility as evidenced throughout this repo	ICES PROVIDED WITH	W 120	
BORATORY	The facility must ass meet the needs of e	sure that outside services	(ATURE	
120	ttery) Y/M	he il	Delorton	of Residential Services 1/3/0
				may be excused from correcting providing it is determined that inskip homes, the findings stated above are disclosable 90 days is, the above findings and plans of correction are disclosable 14 cited, an approved plan of correction is requisite to continued

"MS-2587(02-99) Previous Versions Obsolets

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID; SIZN11

Facility ID: 09G114

If continuation sheet Page 1 of 43.

PRINTED: 12/04/2007 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB_NO: 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (XX) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED. A. BUILDING B. WING 09G114 11/28/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST, NW MTS WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (DIS) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREKIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG. TAG DATE LE DEFICIENCY W 120 Continued From page 1 W 120 This STANDARD is not met as evidenced by: Based on observations, staff interview, and record review, the facility failed to affectively monitor each client's day program to assure that the needs were met for one of two clients in the sample. (Client #2) and one focus client. (Client #3) The findings include: W120 1. Observation during breakfast at the group MTS will insure that the day program of client #3 home on November 26, 2007 at approximately has the same type of high sided plate used at 6:35 AM revealed that Offerit #5 was served a home and will purchase one for the program if pureed diet from a high sided plate. In an need be by...12-30-07. interview with the day program staff, on November 26, 2007 at approximately 1:40 PM, it The QMRP will visit the program at minimum once monthly was revealed that Client #3 was served a pureed to insure that the program staff is routinely using the proper plate and following the prescribed diet... 12-30-07. diet from an "interlip plate". Further interview and record review revealed that Client #3 had mealtime protocol at the day program dated February 1, 2007 which indicated that the client's adaptive equipment was a plate guard and a regular cup with a straw. Review of the Occupational Therapist (OT) Assessment dated June 16, 2007, on November 26, 2007 at approximately 3:30 PM revealed that Client #3 was recommended to use a high sided plate at mealtime. There was no evidence Client #3 was served a pureed diet from a high sided plate as The QMRP will meet with the day program of recommended by the OT in the day program. client #2 to insure that staff uses the ABC data collection forms to document the targeted 2. Observation at the day program on November behaviors. MTS will supply the program with copies of the form and instruct staff on it s 26, 2007 at approximately 12:05 PM revealed use...12-30-07. that Client #2 was walking out of the dining room and attempted to inappropriately touch a female The QMRP will also review this issue during monthly visits

peer before she moved beyond his reach,

Interview with the Program Manager November

26, 2007 at approximately 12:35 PM revealed that

2-07.

CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(XZ) M	(XZ) MULTIPLE CONSTRUCTION		APPROVED 0938-0391	
			A. BUI		(X3) DATE SI COMPLE	TED (8)
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AME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	11/2	B/2007
TS				2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015		
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W 120			W 1	- 		116
	Client #2 has targe inappropriately tou revealed that the collent #2's targete Behavior Consequare exhibited. Revenue are exhibited. Revenue 27, 200 revealed that Client that included inappaggression, verbal	eted behaviors that include ching. Further interview lay program did not document did behaviors on the Antecedent ence (ABC) forms when they	VV 1	20		
V 124	2007 on November 1:15 PM revealed to be recorded on the	Plan (BSP) dated June 30, r 27, 2007 at approximately that targeted behaviors were to	W 12	24		
	neretore the facili parent (if the client of the client's medi- and behavioral sta treatment, and of ti	isure the rights of all clients. by must inform each client, is a minor), or legal guardian, cal condition, developmental tus, attendant risks of the right to refuse treatment.		W124		
	pased on observation review, the facility for would ensure client isks and benefits of the two clients in the client #2) The findings include	s not met as evidenced by: on, staff interview, and record alled to establish a system that s that were informed of their if their medication for two of e sample. (Client #1 and e: served during the morning		1. MTS will review the sedation issue mother and if she agrees, will obtain a sedation consent form developed and attachment12-30-07. In addition, MTS will explore the posmother accepting the status of legal gragrees, the QMRP will work with the process paperwork to establish guardi mother. If agreed upon, paperwork with the QMRP's notes will reflect the status of the QMRP's notes will reflect the status.	her signature on the included as an sibility of Client #1 pardian for him. If a DDS case manager an status for the li be submitted by 1	's he to

CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIERCLIA IDENTIFICATION NUMBER:		(OC) M	ULTIPLE CONSTRUCTION	FORM APPROVE OMB NO 0938-039	
		A. BUI		(X3) DATE SURVEY	
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WE OF I	ROVIDER OR SUPPLIER				11/28/2007
TS				STREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST, NW	
(X4) ID PREFIX	SUMMARY ST.	ATEMENT OF DEFICIENCIES		WASHINGTON, DC 20015	
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFID TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	TION OULD BE COMPLETION ROPRIATE DATE
N 124	Continued From pa	ige 3	187.4	SEPTICIENCY) .	
. [medication pass or approximately 7:45 4 mg by mouth. In: Nurse (RN) on Nov	November 28, 2007 at AM being administered Ativan berview with the Registered ember 26, 2007 et	W 1:	24	
	Was prescribed the	AM revealed that Client #1		The same and the	
- 1	Retardation Profess 26, 2007 at approxi	ew with the Qualified Mental sional (QMRP) on Novamber	'		
	is not the client's lar	vas very involved in his life but			
	29, 2006 on Novem 1:18 PM revealed th	ber 27, 2007 at approximately			
	regarding habilitation	acisions on his behalf or planning, residential			
1	he facility informed :	no documented evidence that Client #1's mother of the			
f	ecility failed to provi	de evidence that substituted			
2	. Client #2 was obse	or entity,			
a H	PProximately 6:35 P laidoi 15 mg by mou	M and was administered		3	
#	2's physician's order	S dated October 4 Coop	,	2. MTS will insure that the med the psychotropic medication of Client #2 with the parents. If that the BSP and psychotropic	CKUUCU SDA DCD - A
b	/ mouth twice a day	nt was prescribed Haldol 15 day and Depakote 500 mg for the management of		bohavior issues, MTS will inst	s drug regimen are s Client #2's
Pi	ractical Nurse (LPN) Proximately 8:40 Pi	on November 26, 2007 at		psychotropic medication regin The QMRP notes will reflect the status of	IOF BSPs and
, ,,,,,	MA DIESCHINER (LIGGE)	medications for behavioral r Interview with the LPN			1-2-07.

12 008 8 15 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 12/04/2007 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO: 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY & A BUILDING COMPLETED 09G114 B. WING NAME OF PROVIDER OR SUPPLIER 11/28/2007 STREET ADDRESS, CITY, STATE, ZIP CODE MTS 2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015. (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY W 124 Continued From page 4 W 124 revealed that the medications were incorporated into Client #2's Behavior Support Plan (BSP) dated June 30, 2007 to address targeted behaviors that included inappropriate touching physical aggression, verbal aggression. hallucinations and property destruction. Interview with the QMRP on November 26, 2007 at approximately 9:30 AM revealed that Client #2's parents are very involved in his life but are not the client's legal guardians. Review of Client #2's, psychological assessment on November 27, 2007 at approximately 1:21 PM revealed that the client does not have the ability to make decisions on his behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. There was no documented evidence that the facility informed Client #2's parents of the health benefits and risks of treatment associated with the use of his psychotropic medications and corresponding BSP. Additionally, the facility falled to provide evidence that substituted consent had been obtained from a legally recognized individual or entity. W 140 483.420(b)(1)(i) CLIENT FINANCES W 140 The facility must establish and maintain a system that assures a full and complete accounting of clients' personal funds entrusted to the facility on behalf of clients. This STANDARD is not met as evidenced by: Based on staff interview and review of records, the facility failed to establish and maintain a system that ensures a complete and accurate accounting of clients' funds that are entrusted to the facility for two of two clients included in the sample. (Client #1 and #2)

TATEMENT	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI	JETIPLE CONSTRUCTION	PRINTED: FORM / OMB NO.	\PPROVEC 0938-0391
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Make of Pr Mats	köviðér ór supplier			STREET ADDRESS, CITY, STATE, ZIP 2852 NORTHAMPTON ST. NW WASHINGTON, DC 20015	11/28	<u>/2007</u>
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	Continued From pag The finding includes		W 1			
(2 sfittle	November 28, 2007 revealed a bank state 2007 in the financial statement, there were security Income (SS deposited in Client # 2007 through October 2007 on the same 2007 client #1's vacation through the factor 2007 at approximate 2007 at ap	#1's Individual Support Plan December 11, 2006 on at approximately 1:36 PM tement ending November 16, section. According to the several deposits of Social SI) in the amount of \$70.00 c1's account from January er 2007. Further review all in October 2007 for the ioliars. Interview with the arcation Professional aday at approximately 1:40 money withdrawn was spent on to New York City. Further MRP revealed that the d in the main office and would slity for review. By the end of pts were not made available the how the money was #2's Individual Support Planugust 2007 on November 28, by 1:36 PM revealed a bank vember 16, 2007 in the cording to the statement, aposits of Social Security imount of \$70.00 deposited		receipts are reconciled in has assigned this test to	cation receipts are attache vill insure that personal fu a timely manner in the fu a specific member of the a ed its policies to reflect th -30-07.	nds use ture, MTS
W \$ M s:	rithdrawal in October 500.00 dollars. Intel lental Retardation P ame day at approximation of the money withdrawa	er review revealed a r 2007 for the amount of rview with the Qualified rofessional (QMRP) on the nately 1:40 PM revealed that was spent on Client #2's City. Further Interview with				

PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	FORM APPROVED OMB NO. 0938-0391
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E OF	ROVIDER OR SUPPLIER				11/28/2007
rs				TREET ADDRESS, CITY, STATE, ZIF 2852 NORTHAMPTON ST, NW	CODE
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140		ige 6	101 4 45		
	the QMRP revealed in the main office a facility for review. If receipts were not not determine how the	that the receipts were located and would be brought to the by the end of the survey, the bade available for review to money was spent.	W 140		
	483.420(d)(1) STAI CLIENTS	F TREATMENT OF	W 149		
1	PANCIES SING DUCKU	velop and implement written ures that prohibit act or abuse of the client.	,		
	facility's staff failed to management protoco sample (Client #1) a #3), failed to Implem management of mee	lications (Missed			
1 4	vas reviewed and re	2007 at approximately 11:00 88 note dated Aligust 1, 2007	1	₩149	
S to s a N S 2 th a	nody. Interview with a November 27, 20 he did not complete fer the incident was extended the incident was extended to the protocol, "All incident faxed to the incident of faxed to the incident of the incide	the Registered Nurse (RN) of at 2:10 PM revealed that an unusual incident report discovered. Review of the ement Protocol dated reviewed on November 28, y 11:13 AM. According to		2. The IMC was n with 24 hours. Trainforced with insuring that rep immediately so them	rain nursing staff on the incident stes by

MICMET	(LUCULFICIENCIES	RE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLA			— OMP N	M APPROVED 0. 0938-0391
ND PLAN OF CORRECTION PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:		(X2) MI A. Buit	ULTIPLE CONSTRUCTION	(X3) DATE	SURVEY	
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V 149	Continued From p	age 7		DETOIEN	7、海峡沟流	42334
	revealed that "Sendue within 24 hour evidence that the	ious Reportable Incidents" are s hours. There was no acility's nursing staff acility's nursing staff acident management policy.	W 14	49		
- 1	2. Review of an un May 26, 2007 on Napproximately 8:17 had sustained scrattransported to the Further review reve made aware of the There was no docuincident had been	nusual incident report dated lovember 26, 2007 at AM revealed that Client #3 atches on his penis and was emergency room for treatment paled that the DOH was not incident until June 4, 2007 imented evidence that this aported to governmental ad in a timely manner.				
	AM revealed a blist mg tablets which has an interview with the at approximately 10 that the Tylenol 325 expired. Review of I "Disposal of Medica November 28, 2007 revealed that all experimed to the pharmal control of the pharmal	ne medication cabinet contents 007 at approximately 10:10 ar pack containing Tylenol 325 ad expired on April 7, 2007. In a RN on November 28, 2007 i:15 AM it was acknowledged imp tablets medication had the facility's policy entitled fitions" dated January, 2006 on at approximately 11:13 AM ired medications need to be macy for disposal. There was				
F 3	colicy on discarding 3. Observation of the November 26, 2006 evealed that the Lichard unable to admirate the Client #1 but available in the fine LPN, it was acknown to Client #2 but available in the fine LPN, it was acknown to Client #3 but available in the fine LPN, it was acknown to collect available in the fine LPN, it was acknown to collect available in the fine LPN, it was acknown to collect available in the fine LPN, it was acknown to collect available in the fine LPN, it was acknown the collection to collection the collection to collection the collection that the collecti	e facility staff implemented it's expired medications. e medication pass on at approximately 6:55 PM ensed Practical Nurse (LPN) lister Lactulose 15 ml. by acause the medication was acility. In an interview with owledged that the medication the facility because the				
	(02-90) Previous Versions (

	STATEMENT AND PLAN C	RS FOR MEDICARE IT OF DEFICIENCIES OF CORRECTION	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G114	(X2) MULT A. BUILDU B. WING	
	MTS	PROVIDER OR SUPPLIER	•		TREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015
_	(X4) ID PREFIX TAG	CEACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL. SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
		pharmacist was una on November 26, 20 ravealed that the La the pharmacy on Nowith the Registered of the contents of the November 28, 2007 revealed that Client: delivered to the faciliorders dated Octobe to administer Lactula evening to Client #1, discharge summary November 27, 2007 Supravalvar Pulmon performed on June revealed that Client: post Pulmonary Balk Review of the facility Medications" dated Jas, 2007 at approximal clients receive the consistent basis as ophysician's orders. Finursing personnel coand pharmacy personnelications were me at all times. There we	able to deliver the medication 007. Further interview actulose would be delivered by ovember 27, 2007. Interview Nurse (RN) and observation are medication file cabinet on at approximately 10:17 AM #1's Lactulose had not been lity. Review of the physician 's er 1, 2007, revealed an order ose 15 ml. by mouth every. Review of a hospital dated June 16, 2007 on revealed that Client #1 had a hary Stenosis/LPA Stenosis 15, 2007. Further review #1 had a diagnosis of status from Valvuloplasty and LPA. As policy entitled "Missed January, 2006 on November mately 11:15 AM revealed that for required medication on a puttined in the approved further review revealed that coordinate with the phermacy.	W 149	3. The Don will also reinforce with mursing the policy on discarding expired medications12-30-07. The lead RN will review the medication cabinets at minimum monthly to audit for expired medications and pharmacy will do so quarterly12-30-07. Lactulose had been ordered for client #1 and the home was awaiting delivery on the survey date. The RN called the pharmacy and was assured that it would be delivered that day in time for the pm dose. The pharmacy failed to deliver. Had the pharmacy indicated they could not deliver. MTS mursing would have picked up the medication as it has in the past. The medication was delivered the next day right after the surveyor departed and was given. MTS nursing will meet with the pharmacy to insure that medications are consistently delivered in a timely manner and that communication between MTS and the pharmacy is consistently secures12-20-07. The DON will review the MTS guidelines on medication administration with mursing12-30-07. The Supravalvar Pulmonary Stenosis/LPA Stenosis procedure mentioned resolved the targeted issues12-1-07.

)RM CMS-2567(02-99) Previous Versions Obsolcte

4. Observation on November 26, 2006,

in the basement was lying on a counter top. Further observation revealed that at that same time period Client 's #1, #2, #3, and #4 and direct

care staff were involved in various active

approximately between the hours of 4:05 PM-6:30 PM revealed that the combination lock that was used to secure the medication file cabinet located

Event ID: 512N11

Facility ID: 09G114

front...12-30-07.

If continuation sheet Page 9 of 43

Nursing erred in leaving the medication exposed during the Nutsing error in leaving the mentioned exposed during the medication pass. As mentioned, the DON will reinforce the MTS medication administration guidelines with mursing and will insure that each MAR book has a copy of the guide in

Z1013 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/04/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED® STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY A. BUILDING COMPLETED B. WING 09G114 NAME OF PROVIDER OR SUPPLIER 11/28/2007 STREET ADDRESS, CITY, STATE, ZIP CODE MTS 2852 NORTHAMPTON ST, NW Washington, DC 20015 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL Ð PROVIDERS PLAN OF CORRECTION PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY W 149 Continued From page 9 W 149 treatment programs in the basement. The medication Licensed Practical Nurse (LPN) placed the combination lock on the medication file cabinet before going upstairs to wash her hands. In an interview with the Registered Nurse (RN) on November 27, 2006, at approximately 2:00 PM between the hours of 4:05 PM- 6:30 PM it was acknowledged that the medication file cabinet is to be locked at all times when medications are not being prepared. Review of the facility's policy entitled "Medication Storage" dated January 15, 2006 on November 28, 2007 at approximately 11:20 AM revealed that the nurse will ensure that all medications are to be stored in a locked area. There was no evidence that the facility nursing staff implemented it's policy on ensuring that all biological and drugs were locked when not being prepared. 483.420(d)(2) STAFF TREATMENT OF W 153 W 153 CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to report incidents that pose a risk to client health or safety to governmental agencies, as required by DC regulation (22 DCMR Chapter 35 Section 3519.10). W153 The findings include: See responses for W149 1. On November 27, 2007 at approximately 11:00 RM CMS-2587 (02-89) Fravious Versions Obsolete

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	ILTIPLE CONSTRUCTION DING	(X3) DATE (COMPL	0938-039 SURVEY 10 ETED (1981)
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NAME OF PROVIDER OR SUPPLIER MITS		,	STREET ADDRESS, CITY, STATE, 2852 NORTHAMPTON ST, NV WASHINGTON, DC 20015	ZIF CODE	28/2007 [™]
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discovered to have to unknown origin on he Registered Nurse (R. 2:10 PM revealed the unusual incident repimanager coordinator Department of Healt documented evidence	ess note dated August 1, 2007 evealed that Client #1 was wo 5.5 cm scratches of is body. Interview with the RN) on November 27, 2007 at at she had not completed an out for the facility's incident	W 16			
2. Review of an unu May 26, 2007 on Nor approximately 8:17 A had sustained scratch transported to the enfurther review reveal made aware of the in There was no docum incident had been relagencies as required 483.430(a) QUALIFIE RETARDATION PROBLEM.	sual incident report dated vember 26, 2007 at M revealed that Client #3 hes on his penis and was nergency room for treatment led that the DOH was not incident until June 4, 2007, inented evidence that this ported to governmental in a timely manner. ED MENTAL DEESSIONAL	W 158			
This STANDARD is Based on interview, a Qualified Mental Reta (QMRP) failed to ensistery of four of for	dation professional.				
M CMS-2507(02-99) Previous Versions Ob	solete Event ID: 6(ZN1)]	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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AMP PAN OF CORRECTION (XI) PROVIDER ON NUMBER DOGITAL NAME OF PROVIDER OR SUPPLIER M TS STREET ADDRESS, CITY, STATE, 2IP CORE 2802 NORTHAMPTON ST, NW WASHINGTON, DC 20015 (RACH DEPTICIENT) WHAT DE PRESCRIP DEPTIL TAG CONTINUED FROM THE STREET OF DEPTIS OR THE PROVIDER OF THE STREET OF THE STREET ADDRESS, CITY, STATE, 2IP CORE 2802 NORTHAMPTON ST, NW WASHINGTON, DC 20015 CONTINUED FROM THE STREET OF DEPTIS OR THE PROVIDER OR THE STREET OF THE STREET OF THE STREET OR THE STREET O	<u>CENTE</u>	RS FOR MEDICAR	H AND HUMAN SERVICES			RINTED: 12/04/2007
MYS STREET ADDRESS, CITY, STATE JP CODE 2822 NORTHAMPTON ST, NW WASHINGTON, DC 20015 SAMMARY STATEMENT OF DEPICIENCES PRICE	O I A I CIMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		WILLE COMPLICATION	FORM APPROVED MB NO 0938-0391 DATE SURVEY
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	ai raille (US Ub	Militaria in the breeze.	,	Nursing will train staff on infection control techniques and communicable disease control by12-30-07.
I THE WAR	as iiu evinenci	that the facility	- 1	The facility:
Sources	and transmiss	PIPE (I) AVAID	ī	The facility manager will instruct that all bathrooms are properly stocked with infection control materials by auditing the concern during weekly environment.

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W 159	Continued From pa		W 18	
	Ine Speech/Languz	I to coordinate services with use Pathologist to ensure that unual assessment as		
	approximately 3:55 Barium Swallow Str indicated that Client spillage of food ove chewing skills; and pureed. Further revi recommendation the evaluation should be	ch/Language assessment 2005 on November 26, 2007 at PM revealed that a modified 1dy (January 14, 2003) at #3 had mild pre-mature or his tongue and absent therefore, his food was lew revealed a at an annual speech/language a conducted. There was no MRP ensured that the client		6. The needed speech/language evaluation has been done. A copy is attached12-30-07. 7. A new helmet had been ordered and received for client #3 prior to the beginning of the survey. The first new helmet sent was ill-fitting. It was sent back, it took the two weeks to secure a helmet that fit properly. Client #3 how has a new helmet that fits properly12-15-07.
ļ	uso an annual spee	Ch/language avaluation		
	auapuve equipment	RP failed to ensure that identified as needed by the n ware furnished and need by:		
	was wearing a blue i front and held togeth interview with the Re November 27, 2007 was acknowledged t broken and that a ne Review of the Individ	AM revealed that Client #3 helmet that was broken in the ler with duck tape. In an egistered Nurse (RN) on at approximately 2:14 PM, it hat Client #3's helmet was whelmet had been ordered. lust Support Plan (ISD) detect		
i •	abbloximatoriy 8:00 v	on November 27, 2007 at Mrevealed that Client #3 o use a helmet for safety.		

PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) ML A. BUIL	ILTIPLE CONSTRUCTION DING		OMB NO 0938-0: (X3) DATE SURVEY COMPLETED
_	<u> </u>	09G114	B. WING			
ME OF P	ROVIDER OR SUPPLIER					11/28/2007
rs 				STREET ADDRESS, CITY, 2852 NORTHAMPTON WASHINGTON, DC	ST. NW	
(4) ID REPIX FAG	CONTRACTOR DEPICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S (EACH CORRE CROSS-REFERE	PLAN OF CORRECT CTIVE ACTION SHOUNCED TO THE APPRO	
	8. The facility's QN	ence that Client #3 was that was in good repair.	W 18		DEFICIENCY	
active treatment in accordance with his in program plan (IPP) as evidenced by: During the observation period are blevented.	accordance with his individual as evidenced by:		maintain	and the QMRP will im a stock of batteries at es can routinely be use	sure that the home	
observed to be visually impaired. Further observation revealed that Client #1 picked up two talking sensory devices and attempted to turn the devices on but the items did not work. Client #1 threw the talking sensory devices across the table and the direct care staff then redirected blocks.		any impaired. Further d that Client #1 picked up two ices and attempted to turn the terms did not work. Client #1 nsory devices across the table staff then redirected bles to a		The facil	ity manager will audit 12-20-07.	
	COMMED Mental Re (QMRP) It was acknowere inoperable in the Review of Client #1* February 14, 2007 of Approximately 8:20 Approximately 8:20 Approxi	n an interview with the tardation Professional cowledged that the batteries he talking sensory devices, a medical assessment dated in November 27, 2007 at AM revealed that Client #1 e left eye and a cataract in				
	National eye. The S Nasessment dated (November 27, 2007 ecommended that (anguage stimulation everal) responses. T	paech/Language October 19, 2006 on at approximately 10;15 AM Client #1 be exposed to activities to enhance his here was no evidence that				
9 0 2	The facility's QMR mployee with adequal Client #1 and Client 8 evidenced by:	P falled to ensure each late training in documenting nt #2's bowel movement logs				
	Review of Client &	1's bowel movement data	·.		A. C.	

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIERCLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION CAN DATE SURVEY COMPLETED
		09G114	B. Wing	
iame of	PROVIDER OR SUPPLIER			11/28/2007
MTS				ET ADDRESS, CITY, STATE, ZIP CODE: S2 NORTHAMPTON ST, NW ASHINGTON, DC 20015
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROVIDER (COMPLETION)
W 159	Continued From pa	ge 16	121	DEFICIENCY)
	sheets on November 1:30 PM revealed to data for the month	ar 27, 2007 at approximately nat there was no documented	W 159	Nursing will re-train the direct care staff on bowel movement charting
	evening shift except 2007; several blank except for Novembe 2007. In an intervie	reral blank spaces on the tor November 17, 24-25, spaces on the night shift of 3-4, 10-11, 23, and 18-25, which the OMES are spaces.		movement charting
	the bowel movement There was no document	staff had not documented on it log daily as recommended, mented evidence that staff nt #1's bowel movement data		
	1:40 PM revealed the spaces on the morning 22-23, 24-28, 2007. (CMRP it was acknown documented on the trecommended. The	#2's bowel movement data r 27, 2007 at approximately at there were several blanking shift on September 8, in an interview with the wedged that staff had not sowel movement log daily as re was no documented occumented a sheet daily.		
6	io. The facility's QMF	RP failed to ensure each ate training in documenting		10. The QMRP flagged the error mentioned and retrained the staff member in question prior to the beginning of the survey11-20-07. No such errors have been made since by the staff member mentioned or others12-20-07.
1 S W it	:35 PM revealed that September 22-23, 25, ashed clothing. In a was acknowledged to ocumented correctly og as recommended	1's community outing data 27, 2007 at approximately t during the morning shift on 26 and 28, 2007 the client in interview with the QMRP that staff had not on the community outing There was no documented comented correctly on		Nursing will re-train staff on the use of client #3's gait belt12-30-07. PT will follow up with further training1-15-07.

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI	LTIPLE CONSTRUCTION DING	(X3) DATE	D. 0938-0391 SURVEY: LETED:
<u>_</u>	09G114	B. WING			
AME OF PROVIDER OR SUPPLIER M T S		1	STREET ADDRESS, CITY, STA 2852 NORTHAMPTON SY WASHINGTON, DC 20	TE ZIP CODE	28/2007
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIPYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PI (EACH CORRECT) CROSS-REFERENCE	LAN OF CORRECTION WE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	COMPLETION
b) Review of Client sheets on November 1:45 PM revealed the September 22, 26 a clothing. In an interaction acknowledged that the community outing There was no documented correct outing data sheet displayed with adecember with adecember of the sheet displayed with adecember on November 20, 20, 20, 20, 20, 20, 20, 20, 20, 20,	alty outing data sheet daily. #2's community outing data or 27, 2007 at approximately nat on the moming shift on and 28,2007 the client washed view with the QMRP it was staff had not documented on it log as recommended. mented evidence that staff fily on Client #2's community	W 15			
was wearing a gait is observation reveale assist Client #3 in a of the gait belt. Inte on November 26, 20 revealed that Client on the side or in the from from falling. R (PT) Assessment do November 26, 2007 recommended that is belt for fall prevention that the client ambuextremity atexis. The	AM revealed that Client #3 around his waist. Further id that direct care staff would imbulating by holding the front rview with the direct care staff 207 at approximately 9:10 AM #3's gait belt was to be held back to prevent the client eview of the Physical Therapy ated October 6, 2007 on at approximately 3:35 PM Client #3 was to use a gait on. Further review revealed lates slowly with decreased ere was no evidence that staff				
was adequately train client's gait belt com W 189 483.430(e)(1) STAF	18d on consistently using the	W 18	9		

D PLAN	NY OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) I	MULTIPLE CONS	TRUCTION	0	FORM (MB NO.	0938-03 RVEY
		09G114	B. WI	_	· - ·	— : 💥 .	COMPLET	ED **
WE OF	PROVIDER OR SUPPLIER	430114				•	44196	/2007
T\$			ı	TOSE MURI	RESS, CITY, STATE, I THAMPTON ST, NW		11/20	12007
X4) ID REFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID.		STON, DC 20015			
TAG	REGULATORY OR	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	IX (E.	PROVIDER'S PLAN O ACH CORRECTIVE AN SS-REFERENCED TO DEFICIEN	THE ADDROUGH	BE LATE	COMPLETIC DATE:
V 189	I a a murand I totil Di	ige 18	W				1000	heq.
	initial and continuin	g training that enables the	VV 1	189				
_	review, the facility free employee was prov	s not met as evidenced by: on, interview and record ailed to ensure that each ided with initial and continuing of the employee to perform his	·					
1	competently for two (Client #1 and Clien (Client #3)	of two clients in the sample t #2) and one focus client						
[The findings include	İ	. .	wı	RÓ	ا به به به از این		
	aneets on Novembe 1:30 PM revealed th data for the month o review revealed seve evening shift except	#1's bowel movement data r 27, 2007 at approximately at there was no documented f October, 2007. Further eral blank spaces on the for November 17, 24-25,		See	responses for W159 a			
2	except for November 2007. In an Interview acknowledged that s	spaces on the night shift r 3-4, 10-11, 23, and 18-25, v with the QMRP it was taff had not documented on log daily as recommended.						
t	rained on how to do novement data shee	unat start was adequately current on Client #1's bowel at daily.						
1 8	:40 PM revealed that paces on the morning 2-23, 24-28,2007	2's bowel movement data 27, 2007 at approximately it there were several blank in shift on September 8, in an interview with the		V V				
, v	THEOLOGY IN MASK SICKLION	iedged that staff had not owel movement log daily as						

ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; 09G114	A. BUILL B. WING	DING CONSTRUCTION	MB NO 0938-039 A) DATE SURVEY COMPLETED A
NAME OF F	ME OF PROVIDER OR SUPPLIER			-B	11/28/2007
MTS			[STREET ADDRESS, CITY, STATE, ZIP CODE 2862 NORTHAMPTON ST, NW WASHINGTON, DC 20015	
(X4) ID PREFIX TAG) (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	
W 189	recommended. The	age 19 are was evidence that staff was an how to document on Client ent data sheet daily.	W 18		
	shaets on November 1:35 PM revealed to September 22-23, 2 washed clothing. It it was acknowledge documented correcting as recommended evidence that staff of the	#1's community outing data er 27, 2007 at approximately hat during the morning shift on 25-26 and 28, 2007 the client or an interview with the QMRP of that staff had not titly on the community outing ed. There was no documented was adequately trained on how ent #1's community outing			
	sneets on November 1:45 PM revealed to September 22, 26 a clothing. In an intersacknowledged that the community outing There was no document was adequately train Client #2's community.	#2's community outing data er 27, 2007 at approximately nat on the morning shift on and 25,2007 the client washed view with the QMRP it was staff had not documented on a log as recommended. mented evidence that staff ned on how to document on alty outing data sheet.			
	approximately \$:00 was wearing a gait I observation reveale assist Client #3 in a of the gait belt. Inte on November 26, 20 revealed that Client on the side or in the from from falling. R (PT) Assessment di	AM revealed that Client #3 belt around his waist. Further d that direct care staff would mbulating by holding the front rview with the direct care staff 307 at approximately 9:10 AM #3's gait belt was to be held back to prevent the client eview of the Physical Therapy ated October 6, 2007 on at approximately 3:35 PM			

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/04/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: OMB NO: 0938-0391 (X2) MULTIPLE CONSTRUCTION OCS) DATE SURVEY A. BUILDING COMPLETED B. WING 090114 NAME OF PROVIDER OR SUPPLIER 11/28/2007 STREET ADDRESS, CITY, STATE, ZIP CODE A MTS 2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG DATE. DEFICIENCY W 189 Continued From page 20 W 189 recommended that Client #3 was to use a gait beit for fall prevention and that the client ambulates slowly with decreased extremity staxia. There was no evidence that staff was adequately trained on consistently using the client's gait beit correctly. 483.430(e)(2) STAFF TRAINING PROGRAM W 192 W 192 For amployees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to effectively train staff to implement emergency measures for four of four clients in the facility. (Clients #1, #2, #3 and #4) The findings include: 1. The Qualified Mental Retardation Professional (QMRP) falled to ensure that all staff had been effectively trained to implement emergency measures for four of four clients in the facility as W192 evidenced by: CPR and First Aid training will be scheduled for Interview with the QMRP November 28, 2007 at all stuff and nurses who need it by ... 12-30-07. approximately 2:35 PM revealed that all staff was not trained in CPR. Record review on the same day at approximately 12:42 PM revealed that

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eight out of eleven staff including one Licensed

Practical Nurse (LPN) did not have current CPR

2. The QMRP failed to ensure that all staff had

been effectively trained to implement emergency

certifications. There was no documented

evidence that all direct care staff had CPR

training and current CPR certifications.

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is current at all times.

If continuation sheet Page 21 of 43

MTS will track CPR and first aid training to insure that staff

conducted at least once during the six month period...1-2-07. MTS will continue to train new staff in CPR and First Aid

The QMRP will develop a January through June 2008

upon hire as part of their orientation training...1-2-07.

See above (#1)

training calendar that insures that all mandated training is

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/04/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO: 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: OC3) DATE SURVEY: 1985 A BUILDING COMPLETED B. WING 09G114 11/28/2007 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST, MW MTS WASHINGTON, DC 20015 🖟 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY W 192 Continued From page 21 W 192 measures for four of four clients in the facility as evidenced by: Interview with the QMRP November 28, 2007 at approximately 2:40 PM revealed that all staff was not trained in First Aid. Record review on the same day at approximately 12:42 PM revealed that five out of eleven staff including did not have current First Aid certifications. There was no documented evidence that all direct care staff had First Aid training and current First Aid certifications. W 249 483.440(d)(1) PROGRAM IMPLEMENTATION W 249 As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to ensure that one out of two clients were provided the opportunities for continuous active treatment in accordance with their individual program plans (IPPs), (Client #1)

-ORM CMS-2567(02-99) Previous Versions Obsolete

The finding includes:

During the observation period on November 26, 2007 at approximately 4:45 PM, Client #1 was

observation revealed that Client #1 picked up two talking sensory devices and attempted to turn the

observed to be visually impaired. Further

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W249

See the responses for W159 (#2).

If continuation sheet Page 22 of 43

		HAND HUMAN SERVICES & MEDICAID SERVICES	•		FORM	12/04/2007 APPROVED
ATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDENSUPPLIENCIA IDENTIFICATION NUMBER:	()C2) MULTIP	E CONSTRUCTION	(X8) DATE SI	0938-0391 JRVEY TED
		09G114	B. WING			
AME OF P	ROMDER OR SUPPLIER		STRE	ET ADDRESS, CITY, STATE, ZIP COD		8/2007
ATS			28	22 NORTHAMPTON ST, NW ASHINGTON, DC 20015		
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W 249	Continued From p	age 22	W 249		· 1869 4 18	31 1 1 1 1 1
	threw the talking s and the direct can put together a puz Qualified Mental R (QMRP) it was act were inoperable in Review of Client # February 14, 2007 approximataly 8:2	items did not work. Client #1 ensory devices across the table e staff then redirected him to zie. In an interview with the leterdation Professional knowledged that the batteries the taking sensory devices. 1's medical assessment dated on November 27, 2007 at 0 AM revealed that Client #1 the left eye and a cataract in	·			
W 312	the right eye. The Assessment dated November 27, 200 recommended the language stimulat overall responses Client #1 was ablusensory activities	Speech/Language i October 19, 2006 on if at approximately 10:15 AM it Client #1 be exposed to on activities to enhance his if There was no evidence that is to be engaged in language as recommended.	W 312			
	must be used only client's individual specifically toward	ntrol of inappropriate behavior as an integral part of the program plan that is directed is the reduction of and eventual behaviors for which the drugs				
	Based on intervieuralised to ensure the modification medimedical appointmental individual programments.	is not met as evidenced by: w and record review, the facility at the use of behavior cations prescribed to complete ents was incorporated in the plan (IPP) for one of the two ple (Client #1) and for one focus				
•	The findings inclu	de:	'			

2. Client #3 was observed during the morning medication pass on November 26, 2007 at approximately 8:00 AM being administered Ativan 4.4 mg by mouth. Interview with the RN on November 26, 2007 at approximately 8:05 AM revealed that Client #3 was prescribed the

the use of behavior modification medications prescribed to complete medical appointments

was incorporated in the ISP.

. 4 028 a DEPARTMENT OF HEALTH AND HUMAN SERVICES 多に対対的 CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 12/04/2007 FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO: 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE BURVEY: A BUILDING COMPLETED 5. WING 09G114 NAME OF PROVIDER OR SUPPLIER 11/28/2007图 STREET ADDRESS, CITY, STATE, ZIP CODE MTS 2852 NORTHAMPTON ST, NW Washington, DC 20015 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS REFERENCED TO THE APPROPRIATE COM DATE DEFICIENCY W 312 Continued From page 24 W 312 sedation for a dental examination. Interview with the Registered Nurse (RN) revealed that Client #3 did not have a desensitization program for medical appointments. Review of the Client #3's Individual Support Plan (ISP) dated December 11, 2006 on November 27, 2007 at approximately 11:10 AM, failed to evidence a program that addresses the client's non-compliant behaviors at medical appointments to justify the use of the sedative medication. There was no evidence that the use of behavior modification medications prescribed to complete medical appointments was incorporated in the ISP. 483.460 HEALTH CARE SERVICES W 318 W 318 The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: Based on observation, interviews, and record reviewed, the facility failed to effectively train staff to implement emergency measures [Cross Refer W318 to W192]; the facility failed to ensure that the use of behavior modification medications prescribed The responses for W192, W312, W322, W331, W338, to complete medical appointments was W368, W382 and others reflect the strategies and steps taken incorporated in the individual program plan (IPP) to correct the issues causing the Health Care Services Condition of Participation not to be met... 1-2-07. [Cross Refer to W312]; the facility's nursing

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services falled to ensure support staff received effective training on seizures [Cross Refer to W340]; failed to provide preventive and general health care services to meet the needs of the clients [Cross Refer to W322]; the facility failed to

establish systems to provide health care monitoring and identify services that would ensure nursing services were provided in accordance with clients needs [Cross Refer to W331]; failed to ensure timely medical follow up

Event ID; 5/2N11

Facility ID: 09G114

If continuation sheet Page 25 of 43

	ENT OF DEFICIENCIES N OF CORRECTION	RE & MEDICAID SERVICES (X1) PROVIDERSUPPLIERCUA	(X2) N	Bu The	****** FURT	D::12/04/2007 M:APPROVED Q::0938-0391
•		IDENTIFICATION NUMBER:	A. BUIL	RULTIPLE CONSTRUCTION	(X3) DATE	SURVEY: PROP
		000444	- 1		COMPL	LETED
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MTS	, , , , , , , , , , , , , , , , , , ,	•		STREET ADDRESS, CITY, STATE, ZIF		28/2007
n	•		1	NAVIUWED ON ST NM		a Branch
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		WASHINGTON, DC 20015		
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W 318	Continued From pa	12de 25		DEPICIENC		DATE
	i failed to ensure her	with positions	W 31	18	- 200 Bac 10 10 10 10 10 10 10 10 10 10 10 10 10	SERVICE COMMENT
!			1			
. 1			1			
1	Orders (Cross Defor	in accordance to physician's	t in			[李辉]
. }	the facility falled to	have a sustain t	i			
1	medications secure	ely. [Cross Refer to W382]	1			
			I			NAME
]	The results of these	e systemic practices results in	i		至 2000	
	health care services					
	483.460(a)(3) PHYS			A Same of the second		
			W 322	2		原本法
1	The facility must pro	ovide or obtain preventive and				
13	general medical care	6.	•	100000000000000000000000000000000000000		编辑 [
		1	,			
		·	,	The state of the s		
17	This STANDARD is	not met as evidenced by:	,	The second second second		
			,			
lo	One of two clients in t	medical services failed to refer	.1			
100	(Client #2) and the fa	ure sample to a specialist	1	1 man and a second		
			1			
		client included in the sample.	1			
100	Client #3)	and and security	1	W322	2	學學別
T	The finding includes:		1	1. As mentioned office as	J-w	
i			1	1. As mentioned, client #3 did rethe survey and does routinely. The	ceive a pureed diet deri	题 褒
1. N	. Observation during	the breakfast meal on		Name In		A
re	evealed that Client #1	at approximately 6:35 AM	•	treatment to insure that they reflect	All new set of orders	
Ini	iterview with the direct	o was served a pureed diet	.	The Oxyon and dict 17-3	TO VE AMERICAN GILITS LESSION	en. 202
26	6, 2007 at approvime	State Stair on November		any characterists and progress not	al assessment	
ian Re	of Client #3's food v	Was pureed for his safety,	.]	any changes in the treatment regime properly implemented and document Nursing will select the control of the co	ies monthly to insure the nen are picked on and	
				Nursian's	ented12-30-07.	1 35 1 4 4 5
ap	Oproximately 3:50 and	on November 26, 2007 at		Nursing will schedule an appointme follow up on the right hand intrinsic recommendation, 12-30-07	ent with a verse	原籍
Ma	45 on a low choleste	Prol diet with Resource Plus	1	follow up on the right hand intrinsic recommendation 12-30-07.	c atrophy as per PT's	· 🖀
40. ASH710	72-90) Previous Versions Ober		. 1	The state of the s	Part and a second	M

D PLAN OF CORRECTION	(X1) PROVIDERUSUPPLIERUCLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(XS) DAT	IO. 0938-0391 E SURVEY: PLETED
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ITS] ²	EET ADDRESS, CITY, STATE, ZIP 352 NORTHAMPTON ST, NW (ASHINGTON, DC 20015	CODE	
refix [Each Deficienc	Atement of deficiencies Y must be preceded by full LSC identifying information)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE	COMPLETION
W 322 Continued From pa	age 26	W 322		Merchan - Survey	
three times a day. Assessment dated November 26, 200 recommended that #3's POS. There y	Review of the Nutritional I November 11, 2007 on 7 at approximately 3:55 PM It "puree" be added to Client Vas no documented evidence Was included on the POS.	W 522			
recommended that neurosurgeon to de hand intrinsic atrop Registered Nurse (approximately 12:2 had not been evaludetermine the culpi atrophy. There was that Client #2 was e evaluated by a neu	nysical Therapist (PT) July 23, 2007, 2007 on 7 at approximately 11:26 PM Client #2 be evaluated by a stermine the culprit of his right hy. Interview with the RN) on November 27, 2007 at 6 PM revealed that Client #1 ated by a neurosurgeon to it of his right hand intrinsic a no documented evidence evaluated or scheduled to be rosurgeon to determine the and intrinsic strophy. NG SERVICES	W 331			
The facility must preservices in accorda	ovide clients with nursing nce with their needs.				
facility failed to ensi accordance with the the sample. (Client	·				
The findings include	ing staff failed to ensure that				
	ling staff failed to ensure that iven in compliance with the	ļ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$100 CONT.

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·		IDENTIFICATION NUMBER:	A. BUILD	ING COMPLETED
<u> </u>		09G114	B. WING	・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
NAMEO	PROVIDER OR SUPPLIER			11/28/2007
MTS			8	TREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST, NW
(X4) ID	SIMMARY STA	TEMENT OF DEFICIENCIES		WASHINGTON, DC 20015
PRÉFIX TAG	(EACH DEFICIENCY REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DATE OF THE APPROPRIATE
W 33	1 Continued From page	ge 27	W 331	DEFICIENCY
	Observation -44			
	TAN TAND BY RICHUM	medication pass on November mately 6:55 PM revealed that		
l	A PICCUSED PUBLIC	381 NIII111111 NIII NIIII NIII NIII NIII NIII NIII NIII NIII NIII NIIII NIII NIII NIII NIII NIII NIII NIII NIII NIIII NIII NIIII NIIII NIIII NIII NIII NIII NIIII NIIII	1	
	because the medica	#15 Mil. by mouth to Client #1]	W331
	I recintly treview of this	6 DitVsician is and an almand		1. As indicated, MTS nursing will meet with
	Lactulose 15 ml. by	realed an order to administer		pharmacy to insure that medications are routinely obtained in a timely manner12-30-07.
	ורטע פל זון אא באוא באון ייייי	EPITO! Cinchenge extreme	1	See also the responses for W149 (second #3).
	1 48460 DUME 10. /111/	revealed that Client #1 had a ary Stenosis/LPA Stenosis	1	2. Client #1'e tractet ac
	Parioringa on anus 1	D	· .	2. Client #1's Health Management Care Plan was modified to reflect issue and procedure described (see attachment) 12-1-07
	Ligadelen Mait mis Gib	INT Was Study In Deal	·	(see attachment)12-1-07.
	1 11644 ANTILL CINE FIELD	Alvuloplasty and LPA. In an N, it was acknowledged that		
	I T'Y INCUICAUCH WAS I	ICT BV904blo in the Keeps	· [
•	I A COMPOSITION IN TAILURED	cist was unable to deliver the nber 26, 2007. Further		
	I MINORALGAN TO A FISHED LLAS	BI TOO I SICH HOOM SINGULAL		
	Lange - Hingi Aldah Anith .	macy on November 27, the Registered Nurse (RN)		
	And apportation of the	SI CONTANTO OF the		
	approximately 10:17	IDEF 25, 2007 at	}	
	prescribed by the physical	Sician was cheen la	,	
[compliance with the p	hysician's orders.		
]	2. The facility's nursing	2 staff failed to updated	ľ	
	Chair a Light Wat	Dadement Cara Blas	.	
	(LIMICIA) SE SAIGBUCED	by:	•	
.	Review of Client #1's	Health Management Care	.	
]	approximately 8:25 At	mper 27, 2007 at		
			· · ·	
	diagnoses of Supraval	Ivar Pulmonary	1	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 12/04/2007 FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA OMB NO: 0938-0391# (XZ) MILITIPLE CONSTRUCTION IDENTIFICATION NUMBER: (XI) DATE SURVEY A BUILDING COMPLETED 09G114 B. WING NAME OF PROVIDER OR SUPPLIER 11/28/2007 Street address, city, state, zip code MTS 2852 NORTHAMPTON ST, NW Washington, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX ID PREFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC (DENTIFYING INFORMATION) YAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY W 331 Continued From page 28 W 331 Stenosis/LPA Stenosis and Status Post Pulmonary Ballon Valvuloplasty and LPA. In an interview with the RN on November 20, 2007 at approximately 11:00 AM it was acknowledged that the HMCP had not been updated to include the client's Supravalvar Pulmonary Stenosis/LPA Stenosis and Status Post Pulmonary Ballon Valvuloplasty and LPA. There was no documented evidence that the HMCP had been updated after June 15, 2007 to include the new diagnoses. Review of a hospital discharge summary dated June 18, 2007 revealed that Client #1 had a Supravalvar Pulmonary Stenosis/LPA Stenosis performed on June 15, 2007. 483.460(c)(3)(v) NURSING SERVICES W 338 W 338 Nursing services must include, for those clients certified as not needing a medical care plan, a review of their health status which must result in any necessary action (including referral to a physician to address client health problems). This STANDARD is not met as evidenced by: Based on staff interview and record review, the facility's nursing services failed to ensure timely follow-up on referrals in accordance with the needs of two of the two clients in the sample. (Client #1 and #2) The findings include: 1. The facility's nursing services failed to ensure that Client #1's cardiology appointment was conducted timely as avidenced below: Review of a hospital discharge summary dated June 16, 2007 on November 26, 2007 at

2032

		& MEDICAID SERVICES		OMB NO: 0938-0391
STATEMENT AND PLAN C	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER;	A BUILDIN	PLE CONSTRUCTION (XX) DATE SURVEY
		09G114	B. WING	11/28/2007
NAME OF P	ROVIDER OR SUPPLIER		511	LET ADDRESS, CITY, STATE, ZIP CODE,
мтв			2	862 NORTHAMPTON ST, NW VASHINGTON, DC 20015
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W 338	Continued From pa	ige 29 ·	W 338	The state of the s
	had a Supravalvar Stenosis performed Status Post Pulmor LPA. Further reviet that Client #1 return month. Interview won November 27, 2 revealed that Client the cardiology clinic November 27, 200 revealed that the cleardiology clinic un no documented evior was scheduled fin a timely manner.	sing services failed to ensure		1 Cardiology follow up was scheduled for one month after the initial visit as per the doctor's request. The cardiologist rescheduled the appointment for August 22 nd Client #1 was seen on August 22 nd , was fine and does not need to be seen again for four (4) years
	conducted timely a	iology appointment was s evidenced below:		
•	2006 on November	logy consult dated June 23, 27, 2007 at approximately recommendation that the		2 Client #1 was seen by ENT on December 13 th Audiology will be scheduled by
	client return to the a ENT to have a ceru both ears. Interview 2007 at approximat Client #1 is schedu November 29, 2007 at approximate client did not go audiologist as record There was no docu	sudiology clinic after going to amen impaction removed from with the RN on November 27, tely 8:35AM revealed that led to go to the audiologist on 7. Record review on November imately 12:40 PM revealed that to the ENT of back to the mmended, mented evidence that the las scheduled for an audiology		
	3. The facility's num that Client #1 was s	sing services failed to ensure scheduled for an ENT		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/04/2007

Review of physicians's order sheet (POS) dated October, 2007 on November 27, 2007 at approximately 8:50AM revealed a recommendation that the client have a Complete Blood Count (CBC), Liver Function Test (LFT), Lipid Profile and Dilantin levels every three months. Review of laboratory studies on November 27, 2007 at approximately 8:59AM revealed that the last laboratory studies were performed on March 20, 2007. Interview with the RN on November 27, 2007 at approximately 12:10 PM revealed that Client #1 did have laboratory studies performed as recommended by the Primary Care Physician (PCP), Review of a nutritional consult dated September 30, 2007 on November 27, 2007 at approximately 12:15 PM revealed that there were no "new labs". There

CENTER STATEMENT		AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Mi		PRINTED: 12/04/2007 FORM APPROVED OMB NO: 0938-0391 ILTIPLE CONSTRUCTION COMPLETED COMPLETED
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NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE
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W 338	Continued From pa	ge 31	w s	338	38
	was по documente	d evidence that the client had performed as recommended by			
	that Client #1's neu conducted timely as	[-		5 Neurology follow up was done for client #1 on11-29-
	2006 on November 8:38 AM revealed a client to return to th	bgy consult dated March 14, 27, 2007 at approximately recommendation that the e neurology clinic in one year.	•		6 Client #1's ophthalmology appointment is scheduled for1-22-07.
	February 14, 2007 approximately 7:30 a diagnosis of selzi	1's medical assessment dated on November 27, 2007 at AM revealed that the client has are disorder. Interview with the RN) on November 27, 2007 at	,		
	approximately 12:4 scheduled to go to November 28, 200 progress dated Ma	5PM revealed that Client #1 is the neurology cliric on 7. Review of a nursing y 9, 2007 on November 27.			
	needs neurology ap November 27, 2001 revealed that the cl	lely 8:45AM stated "consumer opointment". Record review on 7 at approximately 12:47 PM lent did not return to the		,	
	documented evider	recommended. There was no noe that the client was urology appointment in a timely	· 		
	that Client #1's oph	sing services failed to ensure thatmology appointment was s evidenced below:			
	November 27, 200 revealed a recommend return to the ophthal	ated October 1, 2007, on 7 at approximately 8:40 AM nendation that the client to almology clinic annually. November 27, 2007 at		٠.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/04/2007 FORM APPROVED: OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION (C3) DATE SUIT	WEY WEY
		09G114	B. WING _	11/28	2007
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE	
MTS				852 NORTHAMPTON ST, NW VASHINGTON, DC 20015	
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W 338	documented time to an ophthalmologist Review of Client # February 14, 2007c approximately 8:50 nystagmus in the leading to a proximately 27, 2007 at approx Client #1 is scheduled for an otimely manner. 7. The facility's nur. Client #2's CBC an obtained in a timely Review of physicial September 26, 200 approximately 12:0 recommendation to LFT every three manner.	AM revealed that the last nat Client #1 was assessed by was on March 23, 2005. It's medical assessment dated on November 27, 2007 at AM revealed that Client #1 has aft eye and a cataract in the with the RN on November imately 12:49PM revealed that ided to go to the ophthalmology 2, 2008. There was nonce that the client was phthalmology appointment in a sing staff failed to ensure that d LFT laboratory studies were wanner as evidenced by: una's order sheet (POS) dated on November 27, 2007 at the client have a CBC and onths. Review of laboratory	W 338	7 The RN will develop a schedule for serom lab foll each person supported that reflects their needs as multiple by their ISPs, physicians orders, the clinical assessment their Health Management Care Plans 12-30-07. 8 Sec #7 above.	Andrea de la contraction de la
	12:34 PM revealed were obtained on In the RN on November 12:11 PM revealed laboratory studies the Primary Care F documented evide and LFT obtained recommended by 18. The facility's nut	rsing staff failed to ensure that the levels were obtained in a			

	CENTERS FOR MEDICARE & MEDICAID SERVICE ITATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER (X2) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER (X3) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER (X3) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER (X3) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER (X4) PROVIDER/SUPPLIER/CLI IDENTIFICATION NUMBER (X5) PROVIDER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUPPLIER/SUP		(X2) MULTIPLE CONSTRUCTION OMB NO. 0938-039			
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V 338	Continued From			DEFICIENCY	APPROPRIATE	DATE
	Continued From page 33		W 338			DE COMPANY
	Review of physicians's order sheet (POS) dated				24.64.7.25	***
	approximately 12:01 DM revealed]			
	recommendation that the client have Depakote levels obtained every three months for the management of Schizophrenia. Review of laboratory studies on November 27, 2007 at approximately 12:35 PM revealed that there were no Depakote levels on file. Interview with the RN on November 27, 2007 at approximately 12:12 PM revealed that Client #1 did have his Depakote levels obtained every three months as recommended by the PCP. There was no documented evidence that the client had Depakote levels obtained every three months as recommended by the PCP.					
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	9. The facility's nursing	ng staff failed to ensure that				
	blained in a timely manner as evidenced by:		. 1			
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	leview of POS dated September 26, 2007 on lovember 27, 2007 at approximately 12:02 PM			0 0		经验
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N	lovember 14, 2007	on the ware obtained on	,]			
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		that the client had his ned every three months as				
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1(人The facility's nursin	ng services failed to ensure				
ં છ	ar Client #2's Dentok	DBA abbojutment mas	.		李 [] []	25-12 N
	22-89) Previous Versions Obs				イヤスション あみりし 神経の	要か。ます"ペリ アではり」為 分

4038記録 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 12/04/2007 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OMB NO: 0938-0391 AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (XS) DATE SURVEY A BUILDING COMPLETED 09G114 B. WING NAME OF PROVIDER OR SUPPLIER 11/28/2007 STREET ADDRESS, CITY, STATE, ZIP CODE M T s 2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION ſΩ REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) TAG PREFIX TAG W 338 Continued From page 34 W 338 10 MTS will try again to get consent form the parents of conducted timely as evidenced below: client #2 for the MRI and will involve the physician in the risks/benefits discussion, Should consent be obtained, the Review of a neurology consult dated February 9, procedure will be scheduled as soon as possible thereafter. 2007 on November 27, 2007 at approximately The parents will be interviewed by... 12-30-07. 11:47AM revealed a recommendation for Client Neurology follow up will be scheduled for client #2 by...1-2-#2 to have a MRI of the Brain and Cervical Spine. Further review revealed a recommendation that the client to return to the neurology clinic in six MTS has revised its nursing staff to include: weeks. Review of Client #2's medical consult dated March 2, 2007 on November 27, 2007 at approximately 11:50AM revealed that the MRI of Three full time RNs and two Consultants covering all of the homes and individuals served with the Brain and Cervical Spine was not performed. reasonable caseloads. Interview with the RN on November 27, 2007 at Three support LPNs (two full-time, one part approximately 1:50PM revealed that Client #2's time) to support the RNs with medical parents would not sign the consult for the MRI of appointments, medication and supply ordering the Brain and Cervical Spine. Further interview and other tasks. revealed that it is unknown whether or not the A consulting medication nursing pool. neurologist is aware that Client #2 did not have The new configuration provides the manpower needed to the MRI of the Brain and Cervical Spins effectively manage the needs of all of the individuals performed. Record review on November 27, supported...12-1-07. In addition, RNs, QMRPs and facility managers of each 2007 at approximately 1:52 PM revealed that the home meet monthly to discuss medical concerns and the client did not return to the neurology clinic as nursing team meets with the DON monthly to review the recommended. There was no documented status of follow up... 12-1-07. avidence that the client returned to the neurology Audit tools have been revised to reflect all key concern clinic in six weeks as recommended. arcas.. 12-1-07 483.460(c)(5)(i) NURSING SERVICES W 340 Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.

This STANDARD is not met as evidenced by: Based on observations, interview, and record review, the facility's nursing services failed to ensure support staff received effective training on

4039 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 12/04/2007 FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/GUPPLIER/CLA OMB NO: 0938-0391 O(2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (XI) DATE SURVEY A BUILDING COMPLETED B. WING 09G114 NAME OF PROVIDER OR SUPPLIER 11/28/2007 STREET ADDRESS, CITY, STATE, ZIP CODE MTS 2852 NORTHAMPTON ST, NW Washington, DC 20015 (X4) ID SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY W 340 Continued From page 35 W 340 seizures for one of two clients in the sample. (Client #1) The finding includes: Observations of the evening medication administration conducted on November 28, 2007 at approximately 6:55 PM revealed Client #1 was administered Dilantin 50 mg for selzures. Nursing will train staff on seizure disorders by...12-30-07. Interview with the facility Registered Nurse (RN) on November 28, 2007 at approximately 1:01 PM revealed that Client #1 has a diagnosis of seizure disorder and is the only client in the facility that is administered medications for seizures. Further interview with the RN revealed that she had not provided seizure training to the direct care staff, The RN stated that "she has to do this." Review of the in service training records on the same day at 11:42 AM revealed no documented evidence that staff had received training on seizures, W 350 483.460(e)(3) DENTAL SERVICES W 350 The facility must provide education and training in the maintenance of oral health. This STANDARD is not met as evidenced by: Based on interview and record review, the facility

CRM CMS-2667(02-99) Pravious Versions Obscieta

The findings include:

failed to ensure that training on tooth brushing was provided as recommended to two of two clients in the sample. (Client #1 and Client #2)

1. The facility failed to ensure that Client #1 and Client #2 received training as prescribed to

a. Record review revealed that during Client #1's

improve their tooth brushing skills.

Event ID: 512N11

. Facility ID: 08G114

If continuation sheet Page 36 of 43

	IT OF DEPICIENCIES OF CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(2)	# II T**	Ol S Aguer	· · · · · · · · · · · · · · · · · · ·	OME	ORM APPR NO: 0938	Ö
· rLAN	of Correction	IDENTIFICATION NUMBER:		nificand Antille	PLE CONSTRUCTION		(X3) D	ATE SURVEY	
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ME ÓF	PROVIDER OR SUPPLIER			T				11/28/2007	灣
TS				28	EET ADDRESS, CITY, 1 52 NORTHAMPTON	STATE, ZIP (ODE		#
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AG	MEGUDATORY OR L	C IDENTIFYING INFORMATION)	PREF		CROSS-REFERE		N SHOULD BE		
350	A ALLEST CORE L LASTIS POL	ge 36 .	W:	350			<u> </u>	ribert State (1	
	dental examination	on May 14, 2007, the dentist	• • • •		W350	****			減
	I MANITOSEN RIGICIJEN	Will have and business and			Both clients men	tioned (#1 ar	d #2) have been	trained on	3
	i ia nii ee muee si usa	the client brush his teeth two Interview with the Qualified		f	tooth brushing is maximum poten	tial. Both will	always need sta	ff assistance to	
	I makirat vergi delicus				competently cor each will be mo	nplete the tast	t. The activity so	hedules of	Ü
	: 140780)06F27, 2007	St Shorovimetek, 0.46 At4			done for each	12-30-07.		•	
	researed frigit GILECT	Care staff supervise/seeled #		1	In addition, prot	ocols will be	developed instru	cting staff on	
	vasica of DG tudivid	teeth in the AM and PM, lual Support Plan (ISP) dated			task12-30-07	,	-	-	\$ 1
	- Secential III Soul	PRVASION that the Ones at the			Also, electric to if they are toler:	oth brushes w sted and if the	ill be purchased y improve each ;	for each to see	ì
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Į	MAY IN GAMPINE III	I IDA CIANT Was brucking Lie		.	-	· 	- 35 - 35 - 32	erika Karawasa	
	dentist.	nes daily as prescribed by the	• • •				以	300	變
		i							
	b. Record review re-	realed that during Client #2's		- [H
	Activat SYSTILIBILIDE U	B Sühtamber 10 John H						运 黄鹂	ar.
	407 OF HELD (SECTION)	client with poor oral hygiene and #30 extracted. Further		` -					4
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	ALCOURT THE TREET TWO IX	three times a dev I-t		` }					
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	revealed that direct of	on November 26, 2007 are staff supervise/assist the		- 1		7.7		1000	
	MONTH IN DICENTIFIC DISC	DESCRIPTION OF A LABORATOR A							3
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	749494 4VV/. [BYES](MT TOST The Client did all and		1					靈
	CAINCUICS RISI IDS CITY	program. There was no nt was brushing his teeth		.					뫯
	dentist.	ly as prescribed by the	•						STATE OF THE PARTY
56 8 4	483.460(k)(1) DRUG	ADMINISTRATION	W 36	8					
-	The system for drug a	idministration must assure					A PROPERTY OF		2
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T	he physician's orders			1:		50年5137	·蒙古人		4
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7	This STANDARD is r	ot met as evidenced by:		1.			ر در		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/04/2007

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FORM APPROVED OMB NO: 0938-0391 DOS) DATE SURVEY

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A BUILDING COMPLETEDS B. WING 09G114 NAME OF PROVIDER OR SUPPLIER street address, city, state, zip code MTS 2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREPX (EACH DEFICIENCY MUST BE PRECEDED BY FULL D TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG DEFICIENCY) W 368 Continued From page 37 W 368 Based on staff interview and record review, the facility falled to ensure that medications were given in compliance with the physician's orders for one of two clients in the sample. (Client #1) The finding includes: Observation of the medication pass on November 26, 2006 at approximately 6:55 PM revealed that the Licensed Practical Nurse (LPN) was unable to See the responses for W149 (#8). administer Lactulose 15 ml. by mouth to Cilent #1 because the medication was not available in the facility. Review of the physician 's orders dated October 1, 2007, revealed an order to administer Lactulose 15 mi. by mouth every evening to Client #1. In an interview with the LPN, it was acknowledged that the medication was not available in the facility because the pharmacist was unable to deliver the medication on November 26, 2007. There was no evidence that the medication prescribed by the physician was given in compliance with the physician's orders. 483,460(I)(2) DRUG STORAGE AND W 382 RECORDKEEPING The facility must keep all drugs and biologicals locked except when being prepared for administration.

This STANDARD is not met as evidenced by: Based on observation of the medication administration, the facility's medication nurse failed to ensure all biological and drugs were locked when not being prepared

The finding includes:

Observation on November 26, 2006,

Event ID: 5/2/11

if continuation sheet Page 35 of 43

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 12/04/2007 STATEMENT OF DEFICIENCIES FORM APPROVED (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION OMB NO:0938-0391 (X3) DATE SURVEY A BUILDING COMPLETED 09G114 B. WING NAME OF PROVIDER OR SUPPLIER 11/28/2007 STREET ADDRESS, CITY, STATE, ZIP CODE MTS 2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (X4) IQ (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX n PROVIDER'S PLAN OF CORRECTION REGULATORY OR LISC IDENTIFYING INFORMATION) TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG CLETION DEFICIENCY DATE W 382 Continued From page 38 approximately between the hours of 4:05 PM-6:30 W 382 PM revealed that the combination lock that was W382 used to secure the medication file cabinet located in the basement was lying on a counter top. See the responses for W149 (last paragraph). Further observation revealed that during that same time period, Client's #1, #2, #3, and #4 and unlicensed direct care staff were involved in various active treatment programs in the basement, The medication Licensed Practical Nurse (LPN) placed the combination lock on the medication file cabinet before going upstairs to wash her hands. In an interview with the Registered Nurse (RN) on November 27, 2006 approximately 2:00 PM it was acknowledged that the medication file cabinet is to be locked at all times when medications are not being prepared. There was no evidence that the medication file cabinet was locked when medications were not being prepared. 483.470(g)(2) SPACE AND EQUIPMENT W 436 W 436 The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client. This STANDARD is not met as evidenced by: Based on observations, interview and record review, the facility failed to ensure that clients were provided with the necessary adaptive equipment for the focus client included in the sample. (Client #3) The findings included: DRM CMS-2557(02-99) Provious Versions Obsolate

2042

TEMENT: OF DEFICIENCIES PLAN OF CORRECTION	ARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION ON DATE	APPROV 0938-0 SURVEY
	09G114	B. WING		FIED
AE OF PROVIDER OR SUPP	JER USG (A)		11	28/2007
rs			REET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015	
AG REGULATORY	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LBC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
438 Continued From	n page 39	104 470		1600
Observation November 27, 2 revealed that the bi-lateral footres on November 2	of Client \$3's wheelchair on 2007 at approximately 8:30 AM so wheelchair did not have sts. In an interview with the QMRP 7, 2007 at approximately 4:55 PM	W 436		
did not have bi-	aged mai Client #3's wheelchair ateral footrasts Review of the			
approximately 9	olat's (PT) assessment dated on November 26, 2007 at :55 AM revealed that Client #3		W436	
iong distance tra	selchair that had footrests for tyel. There was no evidence that rovided the client with footrests in as recommended by the PT.		See the responses for W120 (#1) (high sided plate) See responses for W159 (4) (flootrests) Sec responses for W159 (7) (helmet)	
2. Observation of home on Novem	uring breakfast at the group iber 26, 2007 at approximately ed that Client #3 was served a			
interview with the November 26, 20	a high sided plate. In an address was served a a high sided plate. In an address address and a program staff, on 207 at approximately 1:40 PM, it at Client #3 was served a pureed			
Record review re	Tip place. Further interview and evealed that Client #3 had			
adaptive equipm	which indicated that the client's ent was a plate guard and a straw. Review of the erapist (OT) Assessment dated			
approximately 3:	7 November 25, 2007 at 30 PM revealed that Client #3 and to use a bigh eight = [ass = 4]			
provided a high s the OT in the day	was no evidence Client #3 was ided plate as recommended by program.			

(X4) ID PREFIX TAG	REGULATORY OR LE Continued From page ront and held togeth nterview with the Re November 27, 2007 /48 acknowledged to roken and that a ne	ner with duck tape. In an egistered Nurse (RN) on at approximately 2:14 PM, it	A. BUD B. WIN	STREET ADDRESS, CITY, STATE, ZIP 2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015 PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	CORRECTION TON SHOULD BE	SIZO07
(X4) ID PREFIX TAG	SUMMARY STATE (EACH DEFICIENCY REGULATORY OR LESSED LATORY OR LESSED LATORY OR LESSED LATORY OR LESSED LATORY WITH THE RESEDUCE OF THE PROPERTY OF THE PROPERT	rement of Deficiencies MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION) pe 40 per with duck tape. In an egistered Nurse (RN) on at approximately 2:14 PM, it	iD PREFD TAG	STREET ADDRESS, CITY, STATE, ZIP 2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015 PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	CORRECTION TON SHOULD BE	28/2007/- 2007/-
(X4) ID PREFIX TAG	SUMMARY STATE (EACH DEFICIENCY REGULATORY OR LESSED LATORY OR LESSED LATORY OR LESSED LATORY OR LESSED LATORY WITH THE RESEDUCE OF THE PROPERTY OF THE PROPERT	rement of Deficiencies MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION) pe 40 per with duck tape. In an egistered Nurse (RN) on at approximately 2:14 PM, it	iD PREFD TAG	STREET ADDRESS, CITY, STATE, ZIP 2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015 PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	CORRECTION TON SHOULD BE	COMPLETION
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(X4) ID PREFIX TAG	REGULATORY OR LE Continued From page ront and held togeth nterview with the Re November 27, 2007 /48 acknowledged to roken and that a ne	pe 40 the with duck tape. In an egistered Nurse (RN) on at approximately 2:14 PM, it	ID PREFD TAG	WASHINGTON, DC 20015 PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	CORRECTION TON SHOULD BE	
V 436 (fi	REGULATORY OR LE Continued From page ront and held togeth nterview with the Re November 27, 2007 /48 acknowledged to roken and that a ne	pe 40 the with duck tape. In an egistered Nurse (RN) on at approximately 2:14 PM, it	PREFD	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE	
V 436 C	REGULATORY OR LE Continued From page ront and held togeth nterview with the Re November 27, 2007 /48 acknowledged to roken and that a ne	pe 40 the with duck tape. In an egistered Nurse (RN) on at approximately 2:14 PM, it	PREFD	CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE	
fi ir	Continued From pagront and held togeth nterview with the Reflovember 27, 2007/26 acknowledged to token and that a necessity of the Individual continues the Individual cont	pe 40 per with duck tape. In an egistered Nurse (RN) on at approximately 2:14 PM, it		DEFICIENC	HF APPONDOM TO SE	
fi ir	ront and held togeth nterview with the Re November 27, 2007 /as acknowledged the roken and that a ne Noview of the Individ	ner with duck tape. In an egistered Nurse (RN) on at approximately 2:14 PM, it	W 4:	DEF KARAC	Y)	
fi ir	ront and held togeth nterview with the Re November 27, 2007 /as acknowledged the roken and that a ne Noview of the Individ	ner with duck tape. In an egistered Nurse (RN) on at approximately 2:14 PM, it	W 4:	36	The state of the s	- N. S. C.
, N	lovember 27, 2007 /as acknowledged to the locken and that a necessity of the Individual control	egistered Nurse (RN) on at approximately 2:14 PM, it				the state of the state of
W	/as acknowledged to roken and that a ne Review of the Individ	at approximately 2:14 PM, it	l	The state of the s		4.3EF#
	voken and that a ne				- 750	
l b	eview of the Individ					
1 =	חוצונונון צונט גע זואייאי					
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	TOTINGE II. ZUUR	[][] N/M/=70ber/17 226~ .]				
	PPI YAHIIQUBIY DIRI N					10
$\frac{1}{1}$	Neith was no eviden	o use a helmet for eafety.				
PI	rovided a helmet the	at was maintained in good			2000年	1989
] - 🗸	.b.etn 1	.	•			
440 46	83.470(i)(1) EVACU	ATION DRILLS .	W 44			
,			44 44			
(1	is racility must hold	evacuation drills at least	•		。 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
40	larterly for each shi	it of personnel.				
		ļ				****
Th	is STANDARD is 1	not met as evidenced by:				***
1 47	MAR ON SOUN WINDOW	BW 200 record	•		الله الموادية المواد ويوادية الموادية الم	
"	Callity failed to hold e r shifts.	vacuation drills quarterly on	# 1			6.648.54
	amt s ,					は設計
Th	e finding includes:	1	,			四月
		ł			THE PARTY NAMED IN	
Int	erview with the Qua	lified Mental Retardation		W440		
1111	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			The 2008 fire drill actually		1
1 22	MOIN ON MUNECIPER	78 7007 at approving 1		The 2008 fire drill schedule will rel schedule for all staff shifts at least of attached schedule)12-30-07	nect drills occurring by	
1	omz: Omz:	scheduled shifts are as	•	The OMOD and a series		
1	•			The QMRP and facility manager widocumentation monthly to insure dr Missed drills will be made up by the	ill review the	
We	ekdays	· [SCVen (7) dama agas s To your	- sereamit split driving	
758	Shift 8 AM to 4 PM	1		Between December 2000	1~4 ~ U/.	
3m	Shift 2 PM to 10 P Shift 10 AM to 8 AI	M -		Northampton will hold fire drills we that each shift holds a drill in the	ekly in order to income	
ſ			. :	that each shift holds a drill in the new 30-07.	d six weeks	
We	ekends/Saturday ar	nd Sunday		11	TO THE PERSON OF	
l l		in matter?				
1st	8 AM to 8 PM					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED 12/04/2007 FORM APPROVED

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	TPLE CONSTRUCTION
		INTERIOR NOMBER	A BUILDIN	
		09G114	B. WING	
NAME OF	PROVIDER OR SUPPLIER		 	11/28/2007
MTS	· · · · · · · · · · · · · · · · · · ·		1 4	REST ADDRESS, CITY, STATE, ZIP CODE
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		WASHINGTON, DC 20015
PREFIX TAG	REGULATORY OR LI	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	FROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
W 440	Continued From page	De 41		
	2nd 8 PM to 8 AM	g= -,	W 440	
	Further Interview with staff was required to month on each shift book from December revealed that the factorial statement of the statement of	85 NO evidence that fire dalls		
W 441	were conducted qua 483.470(i)(1) EVACI	Merly on all shifts		
	The facility must hole varied conditions.	d evacuation drills under	W 441	
ľ	DOODU UKI SUSIT INTERV	not met as evidenced by: iew and record verification, old evacuation drills under		
	The finding includes:			
	conducted via the fro interview with the Qu Professional (QMRP) Nurse (RN) at approximat the facility had at Further interview with there's an exit through ocated on the third fix ocated in the basemendered daily. Furthercord revealed that the client #2's bedroom here.	I Sinnovimetali, 40.46 Ata		Staff will be trained by the fire safely consultant on using all egress points and other fire safety issues by1-2-07. The QMRP will review the fire drill documentation monthly to insure the nearest exists are used given the specific circumstances cach drill presents1-2-07. Follow up training will occur if staff do not1/07.

CENTE	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM.	12/04/2007 APPROVED 0938-0391
'STATEMEN' AND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		TIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	JRVEY
!	· .	09G114	B. WII	NG_	·	11/2	B/2007
NAME OF F	PROVIDER OR SUPPLIER			STI	REET ADDRESS, CITY, STATE, ZIP CODE		NEGO!
MTS				2	2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015		
(X4) ID PREFIX TAG	: (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 441	Continued From pa	ge 42	w	441	250.		
W 454		er varied conditions.		454	W441		
	to avoid sources an	ovide a sanitary environment d transmission of infections.			Staff will be trained by the fire safely egress points and other fire safety iss. The QMRP will review the fire drill to insure the nearest exists are used a circumstances each drill presents1 Follow up training will occur if staff	ues by1-2-0 documentation iven the specif -2-07.	7. monthly
<i>.</i>	Based on observation facility failed to main	s not met as evidenced by: on and staff interview, the ntain a sanitary environment to ransmission of infection.	•	,	₩454		·
·	The finding includes	:			See the responses for W159 (#5)		
	PM revealed that Cl washed their hands of lvory soap that we the bathroom in the with the QMRP it was clients and staff use	evember 26, 2007 een the hours of 4:50 PM-5:30 ient #2 and direct care staff respectively on the same bar as sitting on the sink outside basement. In an interview as acknowledged that the d the same bar of soap after in the basement. There was		•			
	no evidence that the	a facility maintained a sanitary d sources and transmission of				,	,
! : · , !						,	
	•		•				
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refrix REGULATORY OR 1 1 000 INITIAL COMMENT A recertification sur November 26, 200 The survey was init	2852 NOI WASHING TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	DRESS, CITY, ST ETHAMPTON STON, DC 20 PREFIX TAG	ST. NW	SHOULD BE A SECOND OF THE SECO
(24) ID SUMMARY STA PREFIX (EACH DEFICIENCY REGULATORY OR L I 000 INITIAL COMMENT A recertification sur November 26, 200 The survey was init	2852 NOI WASHING WASHING TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) TS TO Was conducted from	O PREFIX TAG	ST, NW 015 PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE THE GOMPLETE
refrix REGULATORY OR 1 1 000 INITIAL COMMENT A recertification sur November 26, 200 The survey was init	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) TS Vey was conducted from	FREFIX TAG	(EACH CORRECTIVE ACTION & CROSS-REFERENCED TO THE A	SHOULD BE THE GOMPLETE
A recertification sur November 26, 200 The survey was init	vey was conducted from	1 000		されても こうさい こんばんじん
November 26, 2007 The survey was init	vey was conducted from 7 through November 28, 2007.			
residents was selected of four males with additional resident determine if the resident necessary adaptive findings were base home and two day residents, residential administrative staffinessigations of un	dated using the fundamental random sample of two cited from a resident population various disabilities. An was added as a focus to sident was provided with the equipment. The survey d on observations in the group programs, and interviews with al, day program, nursing and Review of records, including the survey of the survey.			
1022 3501.5 ENVIRONA SPACE	•	1022		
Each window shall shades or blinds, w good repair.	be supplied with curtains, hich are kept clean, and in			
Based on observat	met as evidenced by: ion and interview, the GHMRP nds and curtains at each			
The findings includ	e:	•		
Observation of the environment conducted on November 28, 2007 at beginning at 1:49 PM revealed the following: 1. There were no curtains, blinds or shades in the window to the backdoor located in the kitchen. 2. There were no curtains, blinds or shades in the			by curtains, blind by12-30 2. Same as above for	
ilih Regulation Administration				क्षा का कार्याक करते हैं। इसके कार्याक के किस्सार कार्याक के
Jutte of 41/w	(DER/BUPPLIER REPRESENTATIVE'S SIG	ANATURE A	brictor & Resident	teal Six Att 1

STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 09G114 NAME OF PROVIDER OR SUPPLIER 11/28/2007 STREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST, NW MTS WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉPIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG OATE : DEFICIENCY Continued From page 1 1022 1022 window near the dryer in the basement. 1 040 3502.1 MEAL SERVICE / DINING AREAS 1040 Each GHMRP shall provide each resident with a nourishing, well-balanced diet. This Statute is not met as evidenced by: 1060 3502.18 MEAL SERVICE / DINING AREAS 1060 Perishable foods shall be stored at proper temperatures in order to conserve nutritive value. This Statute is not met as evidenced by: Based on observation and interview, the GHMRP failed to ensure that equipment necessary for monitoring refrigeration temperatures was provided. The finding includes: Observation revealed no thermometer was in the 3502.18 deep freezer located in the basement. Interview with Qualified Mental Retardation Professional A new thermometer was placed in the freezer (QMRP) on November 28, 2007 at approximately by...12-1-07. 2:15 PM acknowledged that there was no thermometer in the deep freezer. 1 082 3503.10 BEDROOMS AND BATHROOMS 1082 Each bathroom that is used by residents shall be equipped with toilet tissue, a paper towel and cup dispenser, soap for hand washing, a mirror and adequate lighting. Health Regulation Administration STATE FORM

Ø004/037
PRINTED: 12/04/2007
FORM APPROVED

TEMENT OF DEFICIENCIES PLAN OF CORRECTION	PLAN OF CORRECTION DENTIFICATION		RULTIPLE CONSTRUCTION LDING	(CS) DATE SURVEY COMPLETED
ME OF PROVIDER OR SUPPLIER		STREET ADDRESS. 0 2852 NORTHAM WASHINGTON, 1	PTON ST. NW DC 20015	
	TATEMENT OF DEFICIENCE ICY MUST BE PRECEDED BY R LSC IDENTIFYING INFORM	S ID	PROVIDER	RS PLAN OF CORRECTION RECTIVE ACTION SHOULD BE LENCED TO THE APPROPRIATE DEFICIENCY)
This Statute is reason on observed. The findings incomed. The findings incomed. The findings incomed. The findings incomed on the environment of the environment	page 2 not met as evidenced to vations and Interview a properly equip each batterns to meet each restricted: ronmental walk-through 2007 beginning at 1:45 llowing: orn located on the third ident #1, #2, and #3 was a light bulb located over sident #4 was observed the bulbs located over	ty: at the throom with sidents h on PM level as observed at the sink. i level d to be the sink. iMRP shall be attractive, objectionable ed by: failed to as maintained	3503.1 1. 2.	Bathroom light bulb replaced12-1-07. Light bulbs over sink replaced12-1-07. acility manager will audit the environment by to address such issues as they arise12-
On Novemb was conduction Administra	er 28, 2007 an environ ted and revealed the f	nment walk thru following		W configuration sheet

STATEMENT OF DEFICIENCIES (X1) PROVIDE AND PLAN OF CORRECTION IDENTIFIES	ERISUPPLIERICLIA (X2) MULTIPLE CONSTRUCTIO CATION NUMBER: A SUILDING	ON (XS) DATE SURVEY COMPLETED
09G1	14 B, WING	11/28/2007

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015

TS		ASHINGTON, DC 20	1. 15 x 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
X4) ID REFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUI REGULATORY OR LSC IDENTIFYING INFORMATIC	LL PREFIX DN) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
1090	Continued From page 3	1 080	3504.1
•	deficiencies: Kitchen 1. Cabinets located in the kitchen was obto be have sticky substance on them. 2. Onlons peelings was observed left in the drawer located left of the refrigerator. Bathrooms 1. The shower knobs located in the bathrithe third level utilized by Residents #1, #2 was observed with build-up (Mildew).	ne com on	 Kitchen cabinets were cleaned by 12-1-07 and are cleaned on a routine daily basis12-1-07. Onion peelings were removed 11-29-07. Staff will insure that the drawers are closed when they and the individuals supported perform meal preparation tasks like peeling vegetables12-1-07. The shower knobs were cleaned the same day and are routinely cleaned along with the entire shower on a daily basis after each shower12-1-07. The bottom of the shower was cleaned but will be reviewed by maintenance. If
1.091	2. Resident #4's bottom of the shower was observed to have build-up (Mildew). 3504.2 HOUSEKEEPING	i (1991	need be it will be scrapped and repainted by 1-2-07.
1 69 1	Housekeeping and maintenance equipm be well constructed, properly maintained appropriate to the function for which it is used.	and	
	This Statute is not met as evidenced by Based on observations and interview, the	e facility	
	failed to maintain the interior and exterior GHMRP in a in a safe, clean, orderly, at and sanitary manner.	r of the tractive,	
	failed to maintain the interior and exterior GHMRP in a in a safe, clean, orderly, at	or of the tractive,	

Health Regulation Administration

STATE FORM

5IZN11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED
	09G114	B. WING	11/28/2007
	STREET ADD	RESS, CITY, STATE, ZIP CODE	A Contract of the contract of

ND PLAN OF CURRECTION IDENTIFICATION O		B. W1	G	11/28/2007	
ME OF PROVIDER OR SUPPLIER 2852 NOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2852 NORTHAMPTON ST, NW WASHINGTON, DC 20015		
CACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION)		X (EACH CORRECTI CROSS-RÉFERENCI	AN OF CORRECTION WE ACTION SHOULD BE ED TO THE APPROPRIATE OF COMPLETE FICIENCY)	
Kitchen 1. The top draws kitchen sink was 2. The second of and kitchen was 3. The knob that was missing. 4. There was no located over the be turning at the seconds. 5. There was a cabinet. Bedrooms Knobs were missing.	er located between the observed to be missing trawer located between detached from it's based turns on the fan over to vent cover covering the stove. The fan was obtime of the survey, rusted pan located under the stop and sedent # 2's bedroom.	the oven the stove the fan eserved to lier the	3504.2 1. The kitch by12-2. The sec replaced 3. The store by12 4. A vent fan by 5. The rust be replaced by12-30-07. As mentioned to report and address 1-07.	then drawer will be replaced -30-07. ond kitchen drawer will also be d by 12-30-07. ve knob will be replaced -30-07. will be put in place for the stove12-30-07. sted pan was discarded and will aced by 12-30-08. bs (resident#2) will be replaced	
order to test the four (4) times at This Statute is Based on staff GHRMP failed on all shifts an The findings in 1. Interview w	shall conduct simulated a effectiveness of the payear for each shift. not met as evidenced interview and record reto hold evacuation drilled under varied conditional clude: ith the Qualified Mental QMRP) and review of the effectiveness of the payer of the effectiveness of the payer of the effectiveness of the payer of the paye	by: sview, the s quarterly ns.			

STATE FORM

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PRINTED: 12/04/2007

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (XII) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED A. BUILDING B. WING 09G114 11/28/2007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2852 NORTHAMPTON ST. NW MTS WASHINGTON, DC 20015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (AX) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TÃO DEFICIENCY Continued From page 5 1135 The 2008 fire drill schedule will reflect drills occurring by pattern on November 28, 2007 at approximately schedule for all staff shifts at least once per quarter (see 10:19 PM revealed the scheduled shifts are as attached schodule)...12-30-07. The QMRP and facility manager will review the follows: documentation monthly to insure drills occurred as planned. Missed drills will be made up by the relevant shift within Weekdays seven (7) days of the date missed...1-2-07. Between December 2007's remainder and January of 2008, 1st Shift 8 AM to 4 PM Northsenpton will hold fire drills weekly in order to insure 2nd Shift 2 PM to 10 PM that each shift holds a drill in the next six weeks...... 3rd Shift 10 AM to 8 AM 30-07. Weekends/Saturday and Sunday 1st 8 AM to 8 PM 2nd 8 PM to 8 AM Further interview with the QMRP revealed that the staff was required to conduct a drill once per month on each shift. Review of the fire drill log book from December 2006 to November 28. 2007 revealed that the facility failed to hold fire evacuation drills for the third shift on the weekdays. There was no evidence that fire drills were conducted quarterly on all shifts. 2. Review of the facility's fire drill records on November 28, 2007 at approximately 10:19 AM revealed that most of the fire drills were conducted viz the front and back door exits. Interview with the Qualified Mental Retardation Professional (QMRP) and the facility's Registered Nurse (RN) at approximately 10:28 AM revealed that the facility had at least four method of egress. Further interview with the QMRP revealed that there's an exit through Client #2's bedroom located on the third floor and there's an exit located in the basement where active treatment is rendered daily. Further review of the fire drill record revealed that the exit to basement and Client #2's bedroom had not been used at any time. There was no evidence that evacuation drills were held under varied conditions. Health Regulation Administration STATE FORM **5**|**Z**N11

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1 20:	Each GHMRP shall funds received at funds received at funds received at the gased on staff interested that ensure accounting of resto the facility for its sample. (Reside on November 28 revealed that the accounting of the available for revithe Qualified Me (QMRP) acknow and complete ac #2 personal funds 3509.3 PERSOI Each supervisor descriptions with employment and This Statute is Based on reconhave on file for all employees. The findings incorrectly accounting incorrectly accounting the formal employees.	ot met as evidenced it terview and review of discussion in the facility. Internal Retardation Profession in the facility in th	records, intain a ccurate entrusted uded in the siel records aly 1:36 PM complete unds erview with essional re no fullite' \$1 and enterts of job he beginning creater, i by:		attents #1 and #2. MT receipts are receipts are reconciled has assigned this task office team and has regulatory mandates. 3509.3 All five of the stat had their job describeir supervisor as copies attached	ff members mentioned riptions reviewed with evidenced by the signal 12-30-07.	I have a them by ned
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1203	of current signed in	age 7 RP failed to provide ob descriptions for of 1, #2, #6, #7, and #8	f five of	1203		
1 206	3509.6 PERSONN Each employee, p annually thereafte certification that a		and /sician ' s s been ealth status	1 206		
	Resed on intervie		r, the			
	Review of the November 28, 20 revealed the GH of current current	e personnel files cond 007 at approximately IMRP failed to provid at health certificates f 5#1, #6, #7, and #8)	e evidence		3509.6 Staff and consulting professional mentione have updated health certificates by 12 07.	
	November 28, 2 revealed the Gh	e personnal files con 1007 at approximately IMRP failed to providu nt health certificates #3, #4, #5, #8, 10, a	y 1:16 PM ie evidence for seven			
	Each training p limited to, the fe	rogram shall include ollowing:	, but not be	1 227		

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CCS) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION **ENICLIUB A** R. WING 11/28/2007 09G114 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2852 NORTHAMPTON ST. NW WASHINGTON, DC 20015 MTS PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LEC IDENTIFYING INFORMATION) TAG DEFICIENCY) of the colorest TAG 1227 Continued From page 8 1 227 (c) Infection control for staff and residents; This Statute is not met as evidenced by: Based on observation, staff interview and record review, the GHRMP falled to effectively train staff to implement emergency measures for four of four clients in the facility. (Residents #1, #2, #3 and #4) The findings include: 1. The Qualified Mental Retardation Professional (QMRP) falled to ensure that all staff had been effectively trained to implement emergency measures for four of four residents in the facility as evidenced by: Interview with the QMRP November 28, 2007 at approximately 2:35 PM revealed that all staff was CPR and First Aid training will be scheduled for all staff and nurses who need it by ... 12-30-07. not trained in CPR. Record review on the same day at approximately 12:42 PM revealed that MTS will track CPR and first aid training to insure that staff eight out of eleven staff including one Licensed Practical Nurse (LPN) did not have current CPR is current at all times. The QMRP will develop a January through June 2008 training calendar that insures that all mandated training is certifications. There was no documented conducted at least once during the six month period...1-2-07. evidence that all direct care staff had CPR MTS will continue to train new staff in CPR and First Aid training and current CPR cartifications. (S#2, #3, upon hire as part of their orientation training...1-2-07. #4, #5, #7, #8, #9, and LPN #3) See above (#1). 2. The QMRP failed to ensure that all staff had been effectively trained to implement emergency measures for four of four residents in the facility as evidenced by: Interview with the QMRP November 28, 2007 at approximately 2:40 PM revealed that all staff was not trained in First Aid. Record review on the same day at approximately 12:42 PM revealed that five out of eleven staff including did not have current First Ald certifications. Them was no

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G114		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING			(CG) DATE SURVEY COMPLETED		
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	had First Aid traini	nce that all direct can ng and current First A f3, #4, #5, #7, and #9	Vid					
, I 22 9	3510.5(f) STAFF	TRAINING		1 229				
	Each training prog limited to, the follo	ram shall include, but wing:	t not be					
	residents to be se to, behavior mana	related to the GHMR rved including, but no gement, sexuality, nu ommunications, and a	ot limited strition,					
	Based on interview documents, the G	ot met as evidenced by w and review of trainling HMRP failed to provinte staff training as inc	ng de					•
	The finding includ	les:						
	2007 at approxim GHMRP failed to human developm	ning records on Nove ately 11;13 AM revea provide training on a ent, and recreations. Mental Retardation	iled, the exuality,					
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1 37	9 3519.10 EMERG	ENCIES		1379		ا ما الماريخ ا الماريخ الماريخ الماري		
	each GHMRP sh Health, Health Fa unusual incident	reporting requirement all notify the Departm scilities Division of any or event which substa resident 's health, we	ent of y other antially					

TEMENT OF DEPICIENCIES PLAN OF CORRECTION (X1) PROVIDEN/BUPPLIER/CLIA IDENTIFICATION NUMBER: 09G114		(C2) MULTIPLI A. BUILDING B. WING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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places the ribe made by followed up	t, well being or in any or esident at risk. Such no telephone immediately by written notification w (24) hours or the next w	iffication shall and shall be ithin			
Based on in incidents the to government	is not met as evidence terview and record revient at pose a risk to client he ental agencies, as requience 22 DCMR Chapter 35 S	ew, report ealth or safety red by DC		I. The DON will reporting mend	train nursing staff on the incident stes by
AM a nursir 2007 was re #1 was disc	mber 27, 2007 at appro- g progress note dated a viewed and revealed the overed to have two 5.5	August 1, at Resident cm scratches		2. The IMC was r with 24 hours. reinforced with insuring that re immediately so them	not informed via incident report The residential director has the QMRP the importance of eports are submitted to the IMC that she can properly distribute 2-30-07.
Registered 2:10 PM rev unusual inc manager to (DOH). The	origin on his body. Into Nurse (RN) on Novemby realed that she had not ident report for the facility forward to the Department re was no documented thad been reported to a required.	er 27, 2007 at completed an ity's incident tent of Health evidence that		3. The Don will	July 2008 team meeting1-20-07. also reinforce with musing the arding expired medications12-30-
May 26, 20 approximat had sustain transported Further rev made awar There was incident ha agencies a	of an unusual incident no or November 26, 20 aly 8:17 AM revealed the discratches on his period to the emergency room lew revealed that the Die of the incident until Juno documented evident been reported to gove a required in a timely matter	07 at at Resident #3 als and was a for treatment. OH was not une 4, 2007. be that this ammental	1 1		

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professional staff to necessary profession accordance with the individual habilitation necessary by the interessary by the inte	have available qualified carry out and monitor and interventions, in goals and objectives of plan, as determined to erdisciplinary team. The s may include, but not	of every	
limited to, those sen trained, qualified, an District of Columbia disciplines or areas	vices provided by Indivind licensed as required law in the following	duale	
Based on interview a GHMRP failed to pro professional staff se	net as evidenced by: and record review, the ovide evidence of licens cured by the group hor s, in accordance with the of every individual	me to	
The finding includes			3520.2 (a)
Professional (QMRP review of the person 2007 at approximate GHMRP failed to pro	ualified Mental Retarda ') on November 28, 206 nel records on Novemi ly 1:16 PM revealed the ovide evidence of a cun primary care physician	07 and ber 28, s rent	A copy of the PCP current license is attached12-1-07.
1395 3520,2(e) PROFESS PROVISIONS	BION SERVICES: GEN	IERAL I 395	Copy of the DON's current license and that of LPN #2 are attached12-1-07.
Each GHMRP shall professional staff to necessary profession	have available qualified carry out and monitor nal interventions, in		

2862 NORTHAMPTON ST, NW WASHINGTON, DC 20015 A) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G114		RFR:	IULTIPLE CONG ILDING NG	STRUCTION	(Ca) (Ca)	ATE SURVI	
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(EACH DEFICENCY MUST BE PRECEDED BY PULL RESULATORY OR LSC IDENTIFYING SPORMATION) 1395 Continued From page 12 accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the Interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; This Statute is not met as evidenced by: Based on Interview and record review, the GHMRP failed to ensure lits nurses had current licenses on file. The finding includes: Review of the personnel records on November 28, 2007 at approximately 1:18 PM revealed the GHMRP failed to have current license on file for the Director of Nursing (DON) and one licensed practical nurse. (LPN #2) 1388 820.2(h) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary by the interdisciplinary item. The professional services may include, but not be limited to, those services provided by Individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (h) Social Work;	78		2862 NORTHAMI WASHINGTON, D	PTON 8T, NV IC 20015				
accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (e) Nursing; This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure its nurses had current licenses on file. The finding includes: Review of the personnel records on November 23, 2007 at approximately 1:19 PM revealed the GHMRP failed to have current licenses on file for the Director of Nursing (DON) and one licensed practical nurse. (LPN #2) 1388 520.2(h) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as detarmined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (h) Social Work;	FACH DEFICIEN	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		1	EACH CORRECTIVE A OSS-REFÉRENCED T	CTION SHOULD BE O THE APPROPRIA	- C	
I 398 3520.2(h) PROFESSION SERVICES: GENERAL PROVISIONS Each GHMRP shall have available qualified professional staff to carry out and monitor necessary professional interventions, in accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the Interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (h) Social Work;	accordance with individual habilital necessary by the professional servilmited to, those strained, qualified, District of Columbiation of Colu	the goals and objectives too plan, as determined interdisciplinary team. Interdisciplinary team. It is may include, but not recipled by indicated by indicated as required licensed as required law in the following as of services: of met as evidenced by the and record review, the ensure its nurses had des: resonnel records on Noroximately 1:16 PM reverse that and one ursing (DON) and one	s of every d to be The ot be dividuals ed by r. he current vember ealed the on file for					
accordance with the goals and objectives of every individual habilitation plan, as determined to be necessary by the interdisciplinary team. The professional services may include, but not be limited to, those services provided by individuals trained, qualified, and licensed as required by District of Columbia law in the following disciplines or areas of services: (h) Social Work;	PROVISIONS Each GHMRP s	hall have available qua If to carry out and mon	liffed itor	8				
	necessary professional se- imited to, those trained, qualifie District of Colum	estional interventions, in the goals and objective atton plan, as determine interdisciplinary team vices may include, but a services provided by it d, and licensed as required law in the following	n les of every led to be n. The not be ndividuals lined by		A copy of the soci		ent licens	e is

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•	Based on interview GHMRP failed to de licenses on file. The finding include		rent		
	personnel records approximately 1:16	QMRP and review of the on November 28, 2007 a PM revealed the GHMF ent license on file for the	(P		
l 401	3520.3 PROFESS PROVISIONS	ION SERVICES; GENER	KAL 1 401		
	and evaluation, Inc developmental lev services, and serv	ces shall include both dia cluding identification of els and needs, treatment ices designed to prevent ther loss of function by th			
	Based on observarious feeting from the facility f	t met as evidenced by: tion, staff interview and re alled to ensure the provis dical/lab examinations to	ion of		

MTS will insure that the day program of client #3 has the same type of high sided plate used at home and will purchase one for the program if need be by...12-30-07.

The QMRP will visit the program at minimum once monthly to insure that the program staff is routinely using the proper plate and following the prescribed diet... 12-30-07.

November 26, 2007 at approximately 6:35 AM revealed that Resident #3 was served a pursed Health Regulation Administration

of two residents in the sample (Resident #1 and Resident #2); to include the correct diet texture on the physician's order sheet (POS) for one focus resident (Resident #3) and to update the Health Management Care Plan (HMCP) for one

resident in the sample (Resident #2).

1. Observation during the breakfast meal on

The findings include:

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142	Continued From pa	ge 24		420	
142	6. The QMRP failed the Speech/Langua Resident #3 had an evidenced by: Review of the Speed dated October 19, 2 at approximately 3:4 modified Barium Sw. 2003) indicated that pre-mature spillage absent chewing skill pureed. Further reviracommendation the annual speech/languno evidence that the resident had an annevaluation conducte 7. The facility's QMF adaptive equipment.	i to coordinate service ge Pathologist to enal annual assessment: ch/Language assession ch/Language assession ch/Language assession november 26 55 PM revealed that a valiow Study (January Resident #3 had mike of food over his tong is and therefore his forw revealed a st Resident #3 have a stage evaluation. Their cMRP ensured that hual speech/language d or scheduled. RP failed to ensure the identified as needed in were furnished and	es with three that as ment 3, 2007 14, d ue and cod was un ne was the	1420	6. The needed speech/language evaluation has been done. A copy is attached 12-30-07. 7. A new helmet had been ordered and received for client #3 prior to the beginning of the survey. The first new helmet sent was ill-fitting. It was sent back. It took Family Medical two weeks to secure a helmet that fit properly 12-15-07. 8. Client #1's communication devices now have batteries and the QMRP will insure that the home maintains a stock of batteries at all times so that the devices can routinely be used by client #1 12-20-07.
	the front and held to interview with the Re November 27, 2007 was acknowledged the was broken and that ordered. Review of (ISP) dated December 27, 2007 at approximate Resident #3 was recipied to the recipied and the resident #3 was recipied and the recipied and	AM revealed that Resule helmet that was brigether with duck tape oglatered Nurse (RN) at approximately 2:14 hat Resident #3's help a new helmet had be the individual Supporter 11, 2005, on November 15:00 AM reveal on mended to use a high surface that he individuance that he is no syddenga that he is no sydenga that he is no syddenga that he is no sydenga that he is	oken in In an On I PM, it Imet een t Plan mber ed that		

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